

MONTANA CLERK & RECORDER'S SCHOLARSHIP APPLICATION FORM

AMOUNT OF SCHOLARSHIP

\$1,000.00 First Place Winner

**APPLICANT MUST BE A GRADUATING SENIOR WHO WILL BE ATTENDING
AN IN STATE SCHOOL.**

This Application for the Clerk & Recorder's Scholarship becomes complete and valid only when you have returned the following materials:

☐ Application

☐ All required signatures

☐ Current Transcript of Grades ☐ Application deadline: March 15

**Students that are attending a school that is located within Lake County
should return your scholarship applications to:**

PAULA A HOLLE
LAKE COUNTY CLERK & RECORDER
106 4TH AVE E
POLSON MT 59860

APPLICANT INFORMATIONMr. ☐
Ms. ☐

County: _____

(Last) (First) (Middle Initial) Telephone Number

Permanent Address (street) (city) (state) (zip)

Father's Full Name Occupation

Permanent mailing address of parent/
guardian if different from applicant (street) (city) (state) (zip)

Mother's Full Name Occupation

Permanent mailing address of parent/
guardian if different from applicant (street) (city) (state) (zip)Total number of family members who will be attending a post-secondary
school at least 1/2 time during the upcoming school year, including applicant. _____**SCHOOL INFORMATION**High School Attended Graduation Date
(Month) (Year)

Address (street) (city) (state) (zip) Telephone Number

Name of post-secondary school for which applicant's scholarship is requested

4 yr College/Univ ☐ Vo-Tech ☐
Community College ☐ Other ☐Address (city) (state) (zip) Accredited? Yes ☐ No ☐

Major field of study applicant plans to pursue _____

Applicant's Signature _____

Date Completed
Mo. Day Year**STATEMENT BY PARENTS OR GUARDIAN:**I have read this application, attest to the accuracy thereof to the best of my knowledge, understand that the
candidate is applying for a Montana Clerk & Recorder's scholarship, and have no objection thereto.

Parent or Legal Guardian's Signature _____

Date Completed
Mo. Day Year**TRANSCRIPT INFORMATION**High school seniors must include a high school transcript of grades and have the
following section completed by the appropriate school official.Class/Rank:
in a class of _____

Cumulative grade point average _____ \4.0 scale.

School Official's Signature Date Title Telephone #

